



## FELLOWSHIP CHAPEL Travel Waiver & Release of Liability

I, \_\_\_\_\_,  
(PRINT YOUR NAME AS IT APPEARS ON YOUR PASSPORT)

(“Participant”) am participating in the Fellowship Chapel (“Chapel”) travel abroad to Ghana, West Africa (“Activity”), scheduled for August 7th - August 18th, 2023.

My participation in this activity is my sole decision. I understand, and agree, that the Chapel cannot be expected to control all risks. I am fully aware of the risks involved and hazards connected to this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said Activity with full knowledge that said Activity may be hazardous to me and my property.

In full recognition of the risks involved with my participation in activities, **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an Activity, **WHETHER CAUSED BY THE NEGLIGENCE OF the Chapel**, or otherwise.

I understand that there may be various physical activities that should I choose to participate in, I do so with the understanding that no one is responsible for my personal care should something occur.

I either have appropriate primary medical insurance, or in its absence, agree to pay the costs of rescue and/or medical services, including aeromedical evacuation, as may be incurred on my behalf, which includes, but not limited to, a deductible and all costs above and beyond usual and customary charges. I am solely responsible for any aftercare, healthcare or the like should something happen while I am abroad including additional costs associated with this. I am physically, mentally, willing and able to manage my person and belongings to attend this trip.

It is my express intent that this ***Travel Waiver & Release of Liability*** shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, FULL DISCHARGE AND COVENANT NOT TO SUE** the Chapel, its Trustees, officers, directors, agents, representatives, employees, and staff, and to indemnify and hold harmless the Chapel, its trustees, officers, directors, agents, representatives, employees, and staff from any and all claims, costs, damages, liabilities, expenses (including reasonable attorneys’ fees), losses, injuries, or causes of action that may be brought by me or by any other person (including, but not limited to, my estate, family, successors, heirs, representatives, administrators, and/or assigns), including all liability

for damage to personal property, personal injury or loss arising out of or related to my participation in this activity, or arising out of any travel associated with the activity or the activity itself to the fullest extent permitted by law.

I hereby further agree that this ***Travel Waiver & Release of Liability*** shall be construed in accordance with the laws of the State of Michigan.

IN SIGNING THIS ***Travel Waiver & Release of Liability***, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing ***Travel Waiver & Release of Liability***, understand it and sign voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2022.

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Signature of Participant

If the participant is under the age of 18, the Parent/Guardian consents to the minor's participation in the activity, consents the Chapel to seek reasonable and necessary medical treatment for the minor during such activity or associated activities, and agrees to be responsible for any cost of such treatment.

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Parent/Guardian Signature

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Date